



U.S. Department of State

Bureau of Human Resources/Office of Retirement

35 YEAR EXCESS CONTRIBUTION INTEREST ROLLOVER

Use this form to elect how you want the taxable portion of your lump-sum benefit to be paid. You should read all of the information provided with this form before you make this election. Select one option (A., B., or C.) in Part 1 below. If we do not receive your election in a reasonable time frame, we will pay you as though you had selected Option A.

Name (Last, First, Middle)	Social Security Number
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PART 1

OPTION A - PAY ALL TO ME

☐ A. I elect to have all of the taxable portion, less 20% Federal Income Tax, made payable to me and sent to my regular payment address. I understand that I have the option to roll over part or all of the taxable portion myself tax free within 60 days after receipt.

Signature

Date (mm-dd-yyyy)

Daytime Phone Number (Include Area Code)

OPTION B OR C - PAY PART OR ALL TO MY IRA OR ANOTHER RETIREMENT PLAN  
(PART 2 MUST BE COMPLETE IF YOU ELECT OPTIONS B OR C)

☐ B. I elect to have all of the taxable portion made payable to my IRA or retirement plan shown in Part 2 with no Federal Income tax withheld.

☐ C. I elect to have (Minimum \$500) \_\_\_\_\_ of the taxable portion made payable to my IRA or retirement plan shown with no Federal Income tax withheld. The remainder, less 20% Federal Income tax, will be made payable to me and sent to my regular payment address. I understand that I have the option to roll over part or all of the remainder myself tax free within 60 days after receipt.

Method of Payment:

☐ Send the amount I have elected directly to my IRA or retirement plan shown in Part 2.

☐ Send the amount I have elected to me and I will deliver it to my IRA or retirement plan shown in part 2. The check will be made payable to the IRA or retirement plan.

My Mailing Address

Signature (Part 2 Must be Completed)

Daytime Phone (Include Area Code)

Date (mm-dd-yyyy)

PART 2

This part must be completed by your financial institution or retirement plan if you elect Option B or Option C.  
(Only one direct rollover may be paid by The Foreign Service Retirement System at a time.)

Name of Institution or Retirement Plan	Address of Institution or Retirement Plan
Account Number	

Routing Number and Check Digit

**Certification - As a representative of the financial institution or plan named above, I confirm the account number for the individual named above, the routing number, and the address. I certify that the financial institution or plan named above agrees to receive funds from the individual and deposit them in an eligible IRA or retirement plan as defined in the Internal Revenue Code.**

Typed or Printed Name of Certifying Representative

Signature of Certifying Representative

Daytime Phone Number (Include Area Code)

Date of Certification (mm-dd-yyyy)